KAISER PERMANENTE®

Mail-Order Pharmacy

Order refills

It's easy. Just complete this form, and fax or mail it to us. We'll do the rest.

Patient first and last name:	Daytime phone number:
8-digit ID from member card:	Is it OK to leave a detailed message? YES ☐ NO ☐
Personal (primary care) doctor's name:	Doctor's phone number:

Prescription number:	Medication name:	Date last filled:	Strength:	Quantity:

Shipping information: Your order should arrive within seven business days. You will be billed separately. *To protect your security, please do not send bank card information with your order.*		
Name:		
Address:		Apt:
City:	State:	ZIP code:

FAX:
206-630-7950
1-800-350-1683

MAIL:
Kaiser Permanente
Mail Order Pharmacy
P.O. Box 34383
Seattle, WA 98124-9968

Ordering refills is even easier if you order online through your password-protected online account at **kp.org/wa**.* Or use our automated telephone system at 1-800-245-7979.

*ID verification required to use your password-protected online account.